







RETURN COMPLETED FORM TO: DEPARTMENT OF THE INTERIOR AVIATION MANAGEMENT 300 E. MALLARD DRIVE, SUITE 200 BOISE, IDAHO 83706-3991 Fax to: 208-433-5030 - Questions, call 208-433-5026				EVALUATION REPORT ON CONTRACTOR PERFORMANCE (BLM - WH&B ONLY)							
				SOURCE SELECTION INFORMATION NOT FOR PUBLIC RELEASE (see FAR 3.104 & 42.1503)							
BUREAU		BLM		CONTRACT NO.							
ADDRESS				CONTRACTOR							
CITY/STATE/ZIP				USE PERIOD							
BUREAU ON-SITE REPRESENTATIVE				USE LOCATION							
DESCRIPTION OF CONTRACT SERVICE PROVIDED: <input type="checkbox"/> CENSUS <input type="checkbox"/> CAPTURE (gather, hearing, etc.)											
1.a. Target number and type of animal to be captured, etc.: <input type="checkbox"/> Horses <input type="checkbox"/> Burros											
1.b. Actual number of animals captured/processed:				1.c. Actual flight time required to accomplish project:							
1.d. Number of animals injured:		1.e. Number of animals requiring euthanasia:			1.f. Number of humans injured:						
Explain:											
1.g. Were there any aircraft incidents/accidents, etc: <input type="checkbox"/> YES <input type="checkbox"/> NO 1.h. Was a SAFECOM submitted for any reason: <input type="checkbox"/> YES <input type="checkbox"/> NO											
Explain:											
INSTRUCTIONS: If you have excel, this form may be filled in on the computer or a blank form can be printed and filled in by hand. Use the mouse to navigate. To check or uncheck a box, left 'click' the box. Comment boxes are formatted to automatically wrap the entered text. Check the box that best describes the level in which the Contractor supported the area described. Comments are helpful and substantiate either very high or very low ratings. If additional space is needed, use page 2 of the form or attach additional page(s). N/A means not applicable. A copy of this report may be used in future evaluations of the Contractor's past performance and is provided to the Contractor (without your identity)											
2. Did the Contractor commit adequate resources in a timely fashion to meet the project requirements. (replacement equipment if needed; financial resources to purchase fuel, lodging; maintenance support if needed, etc.)											
Insufficient resources provided Comments		N/A	1	2	3	4	5	6	7	Abundant resources provided	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Was the Contractor's representative(s) sensitive to the nature and rationale for the project											
Extremely insensitive Comments		N/A	1	2	3	4	5	6	7	Extremely sensitive	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Contractor's representatives' knowledgeable of target animal's behavior and processes to be used for the project											
Lacked knowledge and processes used were considered inappropriate Comments		N/A	1	2	3	4	5	6	7	Highly knowledgeable with appropriate processes used	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

5. Was the project accomplished efficiently with animal well-being addressed as desired by the user										
Inefficient, lacked concern for animal well-being Comments 	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	Extremely efficient and concerned for animal well-being	
6. Contractor's adherence to contract and project technical requirements; i.e. pilot flight and duty limitations, use of PPE, no use of toe-in, single skid landings unless bureau waiver to policy was in place, correct fueling procedures, etc.										
Contract/project technical adherence very low level Comments 	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	Contract/project technical adherence very high level	
7. Contractor's on-site representatives attitude and efforts, as well as actual application, towards aircraft safety										
Safety compromises in both orientation and actions Comments 	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	Extremely safety oriented and actions demonstrated same	
8. If a trainee pilot was utilized, did this affect the overall project accomplishment adversely										
Definitely not Comments 	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	Definitely yes	
9. Contractor's overall performance and quality of service										
Poor quality Comments 	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	Excellent quality	
10. If given the opportunity, would you hire this Contractor again to accomplish a similar project?										
Definitely no Comments 	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	Definitely yes	
Additional comments to support your response to any item above or other items (include additional page if needed)										
Name and Title of Individual Completing this Form										
Signature					Telephone Number			Date		